

August 21, 2003

Re: Medical Dispute Resolution
MDR # M2-03-1010-01

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Orthopedic Surgery.

Brief Clinical History:

This male claimant injured his back in a work-related accident on _____. He has undergone a lumbar fusion at L4-5 and L5-S1, which appears to be healed, with relatively good results.

Disputed Services:

Proposed Orthotrac vest.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the Orthotrac vest is not medically necessary in this case.

Rationale for Decision:

It is the reviewer's opinion, based on the medical records provided, that this patient had a relatively successful lumbar fusion surgery. There is no generally accepted medical indication for bracing a patient who already has a fusion. This type of immobilization in fact is more likely than not contraindicated in the patient's treatment protocol. It is prone to result in weakness of the abdominal and lumbar musculature.

Furthermore, studies have shown that rather than reducing forces across the lumbosacral joint, lumbar immobilization without hip spica extension, in fact, increases forces across this joint. It is this reviewer's interpretation of the literature that anything other than a light elastic back support on a chronic basis is more likely to cause increased disability, than improve the patient's functional level.

I am the Secretary and General Counsel of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on August 21, 2003.

Sincerely,